

2004-2005 SEPTAGE WASTE TRANSPORTER PERMIT APPLICATION
READ THE ENTIRE APPLICATION CAREFULLY !!

April 14, 2004

Dear septage waste transporter:

Enclosed is your application to apply for/renew a permit to transport **SEPTAGE WASTE** through and within the state of Rhode Island for the permit period ending June 30, 2005. Please complete and return these forms to the above address. Do not submit the application and attachments in a binder. Allow three (3) to eight (8) weeks for processing. If there are deficiencies in the application, the Department will contact you via written correspondence. You will be contacted when the application is approved, and should contact this office if you do not hear from us by the end of the 8 weeks processing period.

Renewal applications for the new fiscal year are due April 21, 2004.

INSPECTIONS

The Department has implemented a COMPANY-CERTIFIED inspection program, thus eliminating the need for RIDEM staff inspections. Each company is required to list designated company inspectors who will perform inspections and attest to the accuracy of each inspection. A checklist for a unit inspection is attached. Please make copies of this form and submit one checklist for each unit you wish to permit. Each checklist submitted to this office must contain the signature of a designated inspector and these forms will be used as legal documents in the event of an enforcement action against the company. The Department will continue to perform random, unannounced vehicle inspections. Companies must maintain strict compliance with the requirements at all times. Units found to be deficient upon inspection are subject to administrative penalties.

Upon approval of a company's application, stickers will be issued for the specific units for which a checklist and a \$100 per unit fee has been submitted. These stickers are **NOT TRANSFERRABLE** and are to be placed on the driver's side of the permitted unit.

CONTINGENCY PLANS

All septic transporters are required to submit an emergency contingency plan in accordance with Rule 6.10 of the regulations. This plan must be updated when any changes occur. **This contingency plan must be on each vehicle at all times.**

FEES

A fee of \$100.00 (made payable to the General Treasurer State of Rhode Island) must be submitted to the Office of Management Services, per the attached remittal form, at the time the application is submitted. This will be credited to the cost of the first unit. You must submit \$100 for each additional unit to be permitted. No stickers will be issued until payment is received.

(Note: If the units are separate, the cost to permit one tractor is \$100, and the trailer is an additional \$100. These are two (2) units and two (2) checklists should be submitted.)

APPLICATIONS AND PAYMENT MUST BE SENT TO THE OFFICE OF MANAGEMENT SERVICES. THE DEPARTMENT'S PROCEDURES PROHIBIT THE OFFICE OF WASTE MANAGEMENT FROM PROCESSING ANY APPLICATIONS OR ISSUING DECALS UNTIL PAYMENT HAS BEEN PROCESSED BY THE OFFICE OF MANAGEMENT SERVICES.

All additional fees must be accompanied by the Check Remittal Form included and submitted to the Office of Management Services.

All correspondences should be addressed to Janice Angell at (401) 222-2797 (ext. 7517) Mark Dennen at (401) 222-2797 ext. 7112.

Sincerely,

Mark M. Dennen, Sr. Environmental Scientist
Office of Waste Management



**RHODE ISLAND DEPARTMENT OF ENV MGMT
OFFICE OF WASTE MANAGEMENT
235 PROMENADE STREET
PROVIDENCE, RI 02908-5767
(401) 222-2797**

2004-2005 SEPTAGE WASTE TRANSPORTER PERMIT APPLICATION

PERMIT # RI - _____

1. COMPANY NAME : _____

MAILING ADDRESS: _____

CITY _____ STATE ____ ZIP: _____

PHONE (____) _____

LOCATION (IF DIFFERENT): _____

CITY _____ STATE ____ ZIP: _____

2. OWNER : _____

3. COMPANY EMERGENCY CONTACT (if different) : _____
PHONE (____) _____

4. COMPANY REGULATORY CONTACT _____

PHONE (____) _____

FAX (____) _____

5. INSURANCE INFORMATION:

INSURANCE COMPANY: _____

POLICY # _____ EXPIRATION DATE : _____

6. IS THIS IS A RENEWAL APPLICATION? YES ____ NO ____

If yes, have you made changes to:

The company's contingency plan?	Yes ____	No ____
your insurance policy?	Yes ____	No ____

If yes, you must submit the updated information with this application.

7. LIST ALL POTWs (Sewer treatment plants) USED BY YOUR COMPANY:

POTW

LOCATION

CONTACT

8. DESIGNATED COMPANY INSPECTORS:

The following personnel are authorized by _____
(company name)

to perform vehicle inspections in accordance with the requirements of The Rhode Island Rules and Regulations for Hazardous Waste Management:

EMPLOYEE NAME (printed)

EMPLOYEE SIGNATURE^{*}

* Designated employees must sign this form to signify their acceptance of this responsibility.

9. DESIGNATED DRIVERS:

The following personnel are designated as drivers for your company:

[illegible]

10. LIST STORAGE LOCATIONS WHERE VEHICLES ARE KEPT OVERNIGHT (OTHER THAN THE THAT LISTED ON PAGE 1 OF THE APPLICATION).

ADDRESS

CITY_____

STATE

[illegible]

11. THIS APPLICATION MUST BE ACCOMPANIED BY THE FOLLOWING:

- a) An application fee of one hundred dollars (\$100), must be submitted to the Office of Management Services, accompanied by the enclosed remittal form. The address for the Office of Management Services is located on the remittal form. The check must be made payable to the General Treasurer, State of Rhode Island. This application fee will be credited to one unit listed on the application. An additional one hundred dollars (\$100) per unit will be required for each additional unit (a tractor is one unit a trailer is one unit). All fees must be accompanied by the remittal form and **paid before** a sticker is issued.
- b) An original (not photocopy or carbon copy) certificate of liability insurance issued in the name of the Office of Waste Management, Department of Environmental Management in the amount of at least three hundred thousand dollars (\$300,000).
- c) The company must submit for review and approval, a description of the procedures to be employed by the transporter, pursuant to Rule 6.10 of the Regulations, in response to spills or other emergency situations that could arise during transporting operations. Specific reference must be made to:
 - 1) Type and location of emergency equipment on vehicles.
 - 2) The drivers emergency response instructions including:
 - i) Instructions to notify the RIDEM at (401) 222-2797 (daytime) or (401) 222-2284 (24-hour).
 - ii) The name and phone # of an emergency spill clean-up company.
 - iii) Procedures for spill containment.

12. I _____, AM FAMILIAR WITH THE
(print name)

**SEPTAGE WASTE TRANSPORTER PERMIT RULES AND REGULATIONS AND CERTIFY
THAT ALL ENTRIES ON THIS APPLICATION ARE TRUE AND CORRECT.**

SIGNATURE

DATE

TITLE



INSPECTION INSTRUCTIONS

ATTENTION ALL HAZARDOUS WASTE/SEPTAGE TRANSPORTERS!!

The following instructions are to be used with the inspection checklist. All information/equipment is required to be on each vehicle at all times. Failure to meet these requirements at the time of the inspection will result in non-issuance of a permit sticker for that vehicle. If at any time a permitted vehicle is inspected and does not meet these requirements, the permit sticker and permit for that vehicle may be revoked, and penalties may be issued.

- * Company Contingency Plan with emergency procedures and emergency phone numbers, as submitted with application
- * Markings on vehicle (company name and permit number on both sides and back of vehicle - approximate size should be three inches)
- * Current, legible, valid registration for each unit (tractor and trailer), note expiration date
- * Communication device (mobile phone, CB radio)
- * Protective clothing (chemical resistant gloves, boots & suit, respirator, eye protection, hardhat, etc.)
- * 16 oz. eyewash
- * First aid kit (complete)
- * Adequate absorbent materials
- * Shovel
- * Fire Extinguisher
- * Color and load capacity for specific unit
- * Current cargo tanker inspection date as required by 49 CFR 180.352
- * Current safety inspection sticker as required by Motor Carrier Safety Regulations, 49 CFR 396.17.
- * Up-to-date payment for inspections (\$100 fee per unit inspection on account, or check for \$100 fee per unit inspection made out to "General Treasurer - State of Rhode Island")

NOTE: If spill control/emergency equipment is in a sealed spill kit, a list of materials in the spill kit must be supplied.



**Rhode Island Department of Environmental Management
Office of Waste Management
REMITTAL FORM 2004-2005**

******* ALL APPLICANTS PLEASE NOTE PROCEDURE *******

All documents and check should be sent to the address listed below: The check must be made payable to the Rhode Island General Treasurer.

**RI Department of Environmental Management
Office of Management Services
235 Promenade Street
Providence, RI 02908**

Please complete this page, attach it to the check or money order. This information must be provided to coordinate your fee with the application submitted.

Applicant's Name: _____

Address: _____

City, State, Zip: _____, _____, _____

Phone No.: (_____) _____ **Existing Permit Number: RI-**_____

Contact Person: _____

TYPE OF PERMIT APPLICATION (choose 1):

☐ **Septage Waste Vehicle Permit for fiscal year: 20_____.**

NUMBER OF DECALS REQUESTED:

_____ Standard Decals requested @ \$100 per unit = \$_____ (total amount submitted)

FOR OFFICE USE ONLY:

Fee Amount Received: \$

Date Received:

Check #:

Receipt Account: 17-18-211

Processed by OWM: ☐



STATE OF RHODE ISLAND
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WASTE MANAGEMENT

FOR OFFICE USE ONLY
STICKER NO:
DATE ISSUED:

Hazardous/Septage Waste Transporter Inspection Form

ONE CHECKLIST MUST BE SUBMITTED FOR EACH UNIT (TRACTOR OR TRAILER)

HW: _____ SEPTAGE: _____
Applicant: _____ Date: _____
RI Permit Number: _RI_ - _____
Fee Submitted: Y/N Amount: _____ Check No.: _____
Is this a **TRACTOR**: _____ or a **TRAILER**: _____ Reg. No.: _____ State: _____
Year/Make: _____ V.I.N. No.: _____
(Last Five Digits)

The following items must be certified in order to obtain a sticker for each unit:
(See attached inspection instructions for specifics)

Check to Verify Compliance

- ___ Emergency Procedures in Vehicle
- ___ Markings (name & Permit #) on Vehicle
- ___ Valid Registration(s), Exp. Date
- ___ Communication Device
- ___ Protective Clothing
- ___ Eyewash (16 oz.)
- ___ First Aid Kit
- ___ Absorbent Material
- ___ Shovel
- ___ Fire Extinguisher

DOT Safety Inspection Date: _____

(49 CFR 196.17)

In Accordance with Rhode Island General Law §23-19.1 - 18(h):

I hereby certify that I am aware that any person who knowingly makes a false, statement, representation, or certification, in any application, record, report, plan, permit, or other document filed, maintained and used for the purposes of program compliance under this chapter shall be deemed guilty of a felony.

SIGNATURE OF DESIGNATED COMPANY INSPECTOR

NAME PRINTED

DATE